

## Mississippi State Board of Examiners For Licensed Professional Counselors

239 N. Lamar Street, Suite 402 Jackson, MS 39201

Phone (601) 359-1010 ● Fax (601) 359-1030 ● Email: info@lpc.ms.gov www.lpc.ms.gov

## Name Change or Replacement Wall Certificate Request

	Rea	ason for Request	
	Name Change *Refer to Rule 6.4(C)	☐ Damaged **Refer to Rule 6.4(D)	Destroyed ***Refer to Rule 6.4(E)
		rent Information in Data Detail at www.lpc.ms.	
Name			License #
	Char	nge of Informatio (if applicable)	n
New Legal	Name:		
Name Change F of your new so	ee". If you have recently man	rried, please enclose a copy r new name on it. If you l	inal wall certificate, and the prescribed y of your marriage certificate or a copy nave recently divorced, please include hat your name legally reverts to your

## Along with this form:

\*If name change, please provide copy of the legal paper document indicating the change, return the original wall certificate to the LPC Board office, and pay the prescribed "Name Change" fee.

previous name or a copy of your social security card with your new legal name on it.

- \*\*If original certificate was damaged, please return the original wall certificate to the LPC Board office, and pay the prescribed "Replacement Wall Certificate" fee.
- \*\*\*If original certificate was destroyed, submit a notarized affidavit (including a statement and explanation that the wall certificate was destroyed), and pay the prescribed "Replacement Wall Certificate" fee.

Be sure to update your contact information in the General Registration tab on the website.